

**Cape May County**  
**Department of Transportation**  
**Certification Application**

**If you are 60 years of age or older please complete Section I and sign at the bottom. If you are under the age of 60 but you are disabled please complete Section I, Section II, and sign the bottom. If you not 60 years of age or disabled, please complete Section I, Section III, and sign at the bottom.**

**Section I**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**If the above is a mailing address (P.O. Box), please provide us with a physical address also (briefly describe how to locate your residence):** \_\_\_\_\_

\_\_\_\_\_

**Telephone**

**#:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Emergency Contact (name & phone#):** \_\_\_\_\_

**Do you have any type of mobility device? (wheelchair, cane, walker, etc) yes or no**

**What type?** \_\_\_\_\_

**Section II**

**Are you permanently or temporarily disabled? (#of months if temp)** \_\_\_\_\_ **Disability Criteria (see next pg. for list):** \_\_\_\_\_

**Name of Certifying Agency Director or Physician:**\_\_\_\_\_

**Agency/Physician Telephone #**\_\_\_\_\_ **Physician License #**\_\_\_\_\_

**Section III**

**Income Eligible Information:**

**A. Total Gross Wages/Salaries** \_\_\_\_\_

**B. Income from self-employment** \_\_\_\_\_

**C. Gross Income from interest/dividends/trusts** \_\_\_\_\_

**D. Gross income from pensions** \_\_\_\_\_

**E. Social Security payments (all types)** \_\_\_\_\_

**F. Unemployment and/or Workers Compensation**  
\_\_\_\_\_

**G. Alimony/Child Support** \_\_\_\_\_

**H. Other Income** \_\_\_\_\_

**Total Family income per month:** \_\_\_\_\_

**Family Size:** \_\_\_\_\_

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Return Application to:**

**Cape May County Department of Transportation**

**4 Moore Road**

**Cape May Court House, NJ 08210-1601**

## **DISABLED SERVICE ELIGIBILITY CRITERIA**

### **Physical Disabilities**

**Section 1 Non-Ambulatory Disabilities**

**Section 2 Mobility Aids**

**Section 3 Arthritis**

**Section 4 Amputation**

**Section 5 Cerebrovascular Accident (Stroke)**

**Section 6 Pulmonary Ills**

**Section 7 Cardiac Ills**

**Section 8 Dialysis**

**Section 9 Sight Disabilities**

**Section 10 Hearing Disabilities**

**Section 11 Disabilities of Incoordination**

### **Developmental Disabilities**

**Section 12 Mental Retardation**

**Section 13 Cerebral Palsy**

**Section 14 Epilepsy**

**Section 15 Autism**

**Section 16 Neurological Handicap**

### **Mentally Disordered Disabilities**

**Section 17 Emotionally Disturbed**